

COVID-19 (Coronavirus Disease)

CASES ARE RISING.
ACT NOW!



COVID-19 Racial and Ethnic Disparities

Updated Dec. 10, 2020

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Why are some racial and ethnic minority groups disproportionately affected by COVID-19?

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Risk of Severe Illness or Death from COVID-19

Conditions in the places where people live, learn, work, play, and worship affect a wide range of health risks and outcomes, such as COVID-19 infection, severe illness, and death. These conditions are known as [social determinants of health](#).

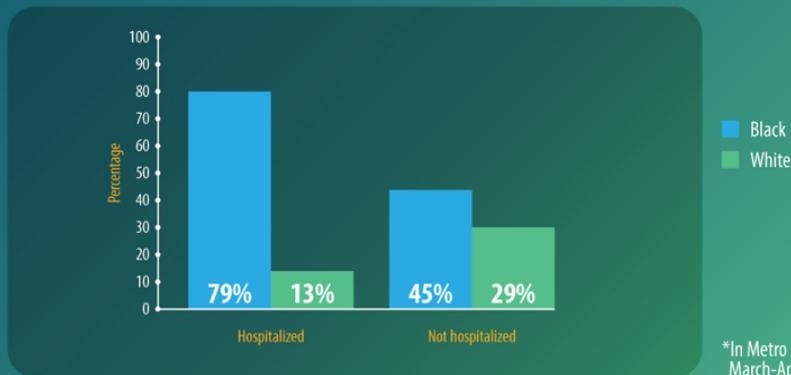
Some of the many inequities in social determinants of health that may increase risk of severe illness (such as hospitalization, intubation, and death) from COVID-19 include access to quality healthcare, general health status, education, economic stability, and many other factors that affect health risks and outcomes. Discrimination, which includes racism, shapes social and economic factors that put people at increased risk of severe COVID-19 illness.^{1,2,3,4,5} Unfortunately, discrimination exists in systems meant to protect well-being and health. For example, discrimination within the healthcare system may deter people from seeking or receiving timely testing and treatment for health concerns, including COVID-19.⁶

Evidence for factors that contribute to risk for severe illness from COVID-19

Severe illness means that the person with COVID-19 requires hospitalization, intensive care, or a ventilator to help them breathe. Severe illness can lead to death. Among adults, the risk of severe illness from COVID-19 increases with age, with [older adults at highest risk](#). Additionally, people of any age, race, ethnicity, and sex with certain underlying medical conditions are at increased risk of severe illness from COVID-19. CDC continues to review the evidence and provide updates about the [underlying medical conditions that might increase risk of severe illness from COVID-19](#). More detailed [evidence summaries](#) are also available.

COVID-19 is a new disease. Currently, few studies have examined the social factors that increase risk of severe illness from COVID-19. However, these limited studies have found differences between racial and ethnic groups in the health and social factors that may increase risk of severe illness or death from COVID-19.⁷⁻²¹ Some of the studies are from the entire United States; others are from specific cities and communities. These studies consistently identify underlying factors that are associated with increased risk of severe illness from COVID-19. CDC will continue to monitor the latest evidence and provide updated information.

In Atlanta, black patients with COVID-19 were more likely to be hospitalized than white patients*



The federal government, public health professionals, community organizations, healthcare systems and providers, and individuals can take action to reduce health disparities

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Title:

In Atlanta, black patients with COVID-19 were more likely to be hospitalized than white patients*

Body of Graphic:

Y axis shows Percentage

X axis shows Hospitalized and Not hospitalized

Each racial/ethnic group has two vertical bars, different color—first color is blue for black persons, second color is green for white persons

Hospitalized: 79% black, 13% white

Not hospitalized: 45% black, 29% white

Bottom of graphic:

The federal government, public health professionals, community organizations, healthcare systems and providers, and individuals can take action to reduce health disparities

Footnote:

*In Metro Atlanta, March-April, 2020

Current evidence shows that the following factors are associated with increased risk of severe illness from COVID-19 for racial and ethnic minority groups:

- **Healthcare:** A recent study found that people from racial and ethnic minority groups were more likely to have increased COVID-19 disease severity upon admission at the hospital compared with non-Hispanic White people.^{7,8,9,10} Healthcare access can also be limited for these groups by other factors, such as lack of transportation or child care, inability to take time off work, communication and language barriers, cultural differences between patients and providers, not having a usual source of care, and historical and current discrimination in healthcare systems.¹¹ Some people from racial and ethnic minority groups may hesitate to seek care because they distrust the government and healthcare systems. This distrust may be due to the roles of the government and healthcare systems in current inequities in treatment¹² and their responsibility for discriminatory, unethical, and abusive historical events. These historical events include the [Tuskegee Study](#), which studied intentionally untreated syphilis in non-Hispanic Black men without their knowledge, and the sterilization of racial and ethnic minority people without their knowledge or permission.^{13,14,15,16}

A recent study found that people from racial and ethnic minority groups were more likely to have increased COVID-19 disease severity upon admission at the hospital compared with non-Hispanic White people. More severe disease increased the likelihood that these patients would need intubation, be admitted to the Intensive Care Unit, or die.¹⁷ A separate study found that compared with non-Hispanic White people, non-Hispanic Black people were more likely to be hospitalized and were more likely to be tested for COVID-19 at a hospital than in the ambulatory

(outpatient) setting. The researchers noted that the findings suggest non-Hispanic Black people may have delayed seeking care.¹⁸

- **General health status:** Underlying medical conditions that increase risk for severe illness from COVID-19 may be more common among people from racial and ethnic minority groups.¹⁹ Common underlying conditions among those who require mechanical ventilation or died included diabetes, high blood pressure, obesity, chronic kidney disease on dialysis, and congestive heart failure.²⁰ It is important to note that many of the same social determinants of health that increase risk of COVID-19 illness also increase the risk of health conditions such as obesity, high blood pressure, and diabetes. These specific social determinants of health include education, economic stability, and physical environment, and healthcare system factors (e.g., insurance coverage, access to care and treatment).

A study in New York City found that non-Hispanic Black and Hispanic or Latino people had higher obesity rates and higher COVID-19 mortality rates compared with non-Hispanic Asian and non-Hispanic White people.²¹ A study in Boston found that among patients hospitalized with COVID-19 at an urban medical center, non-Hispanic Black patients were more likely to have one or more underlying medical conditions than people from other racial or ethnic groups. In another study of patients hospitalized with COVID-19, non-Hispanic Black patients were more likely to have high blood pressure and diabetes compared with all other racial and ethnic groups combined.²² Another study found that among Black patients hospitalized with COVID-19, those with higher body mass index at arrival to the hospital were more likely to die.²³ Additionally, pregnant people may have an increased risk of severe illness from COVID-19.^{24,25} Given long-standing disparities in maternal health and birth outcomes,²⁶ it is important to consider how COVID-19 may affect these outcomes for people from racial and ethnic minority groups.

- **Education, income, and wealth gaps:** Inequities in access to high-quality education for people from racial and ethnic minority groups can lead to lower high school completion rates and barriers to college entrance.²⁷ This may limit future job options and lead to lower paying or less stable jobs. People with lower paying jobs often do not have paid sick leave and cannot afford to miss work, even if they're sick, because they would not be able to pay for essential items like food or other important living needs if their income decreased. Lower income is strongly associated with morbidity and mortality. Compared with non-Hispanic White people, American Indian, non-Hispanic Black, and Hispanic or Latino people have lower household incomes and shorter life expectancies, as well as higher rates of underlying medical conditions that increase risk of severe illness from COVID-19.^{28,29}

As of August 2020, more Hispanic or Latino people (53%) and non-Hispanic Black people (43%) reported that they had lost a job or taken a pay cut because of COVID-19 compared with non-Hispanic White people (38%). More non-Hispanic Black and Hispanic or Latino people, 40% and 43%, respectively, reported that they had to use money from savings or retirement to pay bills since the outbreak began, compared with 29% of non-Hispanic White people. Additionally, 43% of non-Hispanic Black people and 37% of Hispanic or Latino people reported having trouble paying their bills in full compared with non-Hispanic White people (18%).³⁰

To reduce the substantial toll COVID-19 has had on individuals and communities, we need to work together to address inequities in the social determinants of health that increase risk of severe illness from COVID-19 for racial and ethnic minority groups. Learn more

about [what we can do to move towards health equity](#).

CDC Resources

[COVID-19 Health Equity – Promoting Fair Access to Health](#)

[CDC Social Determinants of Health: Know What Affects Health](#)

[Environmental Public Health Tracking Network](#) – Select “COVID-19” content area for options to view data on several factors related to increased risk of COVID-19

Other Resources

[Robert Wood Johnson Foundation’s 2020 County Health Ranking State Reports](#) [↗](#)

[National Association of County and City Health Officials’ COVID-19 Resources for Local Health Departments](#) [↗](#)

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